

Appl. No. 10721927  
Amdt. Date: December 27, 2006  
Reply to Office action of: 2/28/06

**Amendments to the Claims:**

This listing of claims will replace all prior versions, and listings, of claims in the application:

**Listing of Claims:**

Claims 1-12 (cancelled)

Claim 13. (allowed): A method of selectively preventing axial motion of a sleeve and an optical fiber comprising the steps of: providing, at a distal end of an axial channel in a handpiece, an axial cannula; setting a sleeve coaxially about an optical fiber and within the axial channel; forming the sleeve of a size larger than the axial cannula; advancing the optical fiber within the axial cannula; engaging a hollow compression cap within a proximal end of the axial channel; providing a means for gripping the sleeve upon advancement of the compression cap into the channel; threading the compression cap into the channel through converging threads; and tightening axially oriented fingers during advancement of the compression cap into the channel to thereby close the fingers onto the sleeve for gripping thereof.

Claim 14. (cancelled)

Claim 15. (allowed): The method of claim 13 further comprising positioning a compressible tube restrained at a proximal end of the channel, and advancing the compression cap axially thereby compressing the tube to produce a gripping force on the sleeve.

Claim 16. (allowed): A method of selectively preventing axial motion of a sleeve and

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optical fiber comprising the steps of: providing a hand piece having, at a distal end thereof, an axial cannula, the hand piece further providing an axial channel terminating in a shoulder; placing a sleeve, coaxially fixed about an optical fiber, axially within the axial channel and terminating the sleeve at the shoulder; advancing the optical fiber within the axial cannula while blocking advancement of the sleeve by the shoulder; engaging a hollow compression cap within a proximal end of the axial channel; and providing the compression cap with a means for gripping the sleeve upon advancement of the compression cap into the channel.

Claims 17 and 18 (cancelled)